

**ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

[ ] Original [ ] Amended [ ] Termination 1a

State: California 1b

Co./City/ Dist. of: 1c

Tribunal/Case Number: 1d

2a

Employer/Withholder's Name:

2b

Employer/Withholder's Address:

2c

2d

Employer/Withholder's Federal EIN Number (if known):

3a

RE: Employee/Obligor's Name (Last, First, MI):

3b

Employee/Obligor's Social Security Number:

3c

Employee/Obligor's Case Identifier:

3d

Obligee Name (Last, First, MI):

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☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available to the employee/obligor through his/her employment.
**ORDER INFORMATION:** This Order/ Notice is based upon an order for support order (order number) from (state) 6.

You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ 7a per 7b current child support 14\$ 8a per 8b past-due child support — Arrears 12 weeks or greater? ☐ yes ☐ no\$ 9a per 9b current medical support\$ 10a per 10b past-due medical support\$ 11a per 11b spousal support\$ 12a per 12b other (specify): 12cfor a total of \$ 13a per 13b to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ 15a per weekly pay period. \$ 15c per semimonthly pay period (twice a month).\$ 15b per biweekly pay period (every two weeks). \$ 15d per monthly pay period.
**REMITTANCE INFORMATION:** When remitting payment, provide the paydate/ date of withholding and the case identifier. If the employee's/ obligor's principal place of employment is 16 begin withholding no later than the first pay period occurring 17 days after the date of this Order/ Notice. Send payment within 19 working days of the paydate/ date of withholding. The total withheld amount, including your fee, cannot exceed 20 % of the employee's/obligor's aggregate disposable weekly earnings.

If the employee's/ obligor's principal place of employment is not 21, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #4 and #10, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).
If remitting payment by EFT/ EDI, call 22a before first submission. Use this FIPS code: 22bBank routing code: 22c Bank account number: 22d

Make check payable to: (Payee and Case identifier): 23

Send check to: 24

Authorized by: 25a

Date: 25b

Authorized by: \_\_\_\_\_

Date:

Print Name

Date:

Of Authorized 26

Date:

Official(s):

Date:

**IMPORTANT:** The person completing this form is advised that the information on this form may be shared with the obligor.**SAMPLE ONLY****Not to be filed**

The numbers in the spaces correspond to the numbers on the instruction sheet.

**ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS**

☒ If checked, you are required to provide a copy of this form to your employee, along with a blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. We appreciate the voluntary compliance of Federally recognized Indian tribes, tribally-owned businesses, and Indian-owned business located on a reservation that choose to withhold in accordance with this notice.
2. **Priority:** Withholding under this *Order/Notice* has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 12 below.
3. **Combining Payments:** You can combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
4. **Reporting the Paydate/ Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
5. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one *Order/Notice to Withhold Income for Child Support* against this employee/obligor and you are unable to honor all support *Order/Notices* due to Federal or State withholding limits, you must follow the law of the state of the employee's/obligor's principal place of employment. You must honor all *Order/Notices* to the greatest extent possible. (see #10 below)
6. **Termination Notification:** You must promptly notify the Child Support Enforcement Agency or payee when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this *Order/Notice* to the Child Support Enforcement Agency or payee.

**EMPLOYEE'S/ OBLIGOR'S NAME:** \_\_\_\_\_ **CASE IDENTIFIER:** \_\_\_\_\_

**DATE OF SEPARATION FROM EMPLOYMENT:** \_\_\_\_\_

<b>LAST KNOWN HOME ADDRESS:</b>	<b>NEW EMPLOYER'S ADDRESS:</b>
_____	_____
_____	_____
_____	_____
_____	_____

7. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
8. **Liability:** If you have any doubts about the validity of the *Order/Notice*, contact the agency or person listed below. If you fail to withhold income as the *Order/Notice* directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by State law.
9. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
10. **Withholding Limits:** You may not withhold more than the lesser of : 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C., §1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes; along with disability insurance and payments to public employees' retirement systems. After the Obligor's disposable earnings are known, withhold the amount required by the *Order/Notice*, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.
11. **To the Employee/Obligor:** If you did not receive a blank *Request for Hearing Regarding Earnings Assignment* (form FL-450), you may get one from the court clerk, the local child support agency, or the family law facilitator.

12. **Submitted by:**

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13. If you or your employee/obligor have any questions, contact: 32a  
by telephone at \_\_\_\_\_ 32b \_\_\_\_\_ or by FAX at \_\_\_\_\_ 32c \_\_\_\_\_ or by Internet \_\_\_\_\_ 32d \_\_\_\_\_

14. **Earnings for purposes of this Order/ Notice include:** 1) wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer; 2) payments for services of independent contractors; 3) dividends, interest, rents, royalties, and residuals; 4) patent rights, and mineral or other natural resource rights; 5) any payments due as a result of written or oral contracts for services or sales, regardless of title; 6) payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and 7) any other payments or credits due regardless of source.

The *Order/Notice to Withhold Income for Child Support* is a standardized form used for income withholding in intrastate and interstate cases. The following are instructions to complete the *Order/Notice to Withhold Income for Child Support*. When completing the form, please include the following information. The person or agency completing this form may cross out the word "Order" or "Notice" if that term is inappropriate under the law of the issuing state.

- 1a. Check the appropriate status of the *Order/Notice to Withhold*.
- 1b. Name of the issuing State or territory.
- 1c. Name of the order issuing tribunal or other jurisdictional designation, if any used by the order issuing State.
- 1d. Identifying number used by the court/agency issuing this *Order/Notice*, if appropriate.
- 2a. Employer/Withholder's name.
- 2b-c. Employer/Withholder's mailing address, city, and state (This may differ from the Employee/Obligor work site.)
- 2d. Employer/Withholder's nine-digit Federal employer identification numbers (if available). Include three-digit location code.
- 3a. Employee/Obligor's last name, first name, and middle initial.
- 3b. Employee/Obligor's Social Security Number (if known).
- 3c. The identifier used by the order issuing state for recording payments. (May be the same as #1d.)
- 3d. Custodial Parent's last name, first name, and middle initial (if known).
4. Child(ren)'s name(s) and date(s) of birth listed in the support order.
5. Check if the child support order requires enrollment of the child(ren) in any health insurance coverage available to the employee's/obligor's through his/her employer. (The space on the form is provided for instructions to the employer, i.e. "see attached medical support form." )

#### **ORDER INFORMATION:**

6. Name of state that issued the order.
- 7a. Dollar amount to be withheld for payment of current child support.
- 7b. Time period that corresponds to the amount in #7a (such as month, week, etc.).
- 8a. Dollar amount to be withheld for payment of past-due child support under State law.
- 8b. Time period that corresponds to the amount in #8a (such as month, week, etc.).
- 9a. Dollar amount to be withheld for payment of current medical support, as appropriate, based on the underlying order.
- 9b. Time period that corresponds to the amount in #9a (such as month, week, etc.).
- 10a. Dollar amount to be withheld for payment of past-due medical support, if appropriate, based on the underlying order.
- 10b. Time period that corresponds to the amount in #10a (such as month, week, etc.).
- 11a. Dollar amount to be withheld for payment of spousal support (alimony), if appropriate, based on the underlying order.
- 11b. Time period that corresponds to the amount in #11a (such as month, week, etc.).
- 12a-c. Dollar amount to be withheld for payment of miscellaneous obligations, if appropriate, based on the underlying order, time period that corresponds to the amount in #13a (e.g., month), and describe the miscellaneous obligation.
- 13a. Total of #7a, #8a, #9a, #10a, #11a, and #12a.
- 13b. Time period that corresponds to the amount in #13a (e.g., month).
14. Check this box if arrears are 12 weeks or greater.
- 15a. Amount an employer should withhold if the employee is paid weekly.
- 15b. Amount an employer should withhold if the employee is paid every two weeks.
- 15c. Amount an employer should withhold if the employee is paid twice a month.
- 15d. Amount an employer should withhold if the employee is paid once a month.

**Instructions to complete the Order/ Notice to Withhold Income for Child Support - continued****REMITTANCE INFORMATION:**

16. The State in which this *Order/Notice* is issued.
17. Number of days in which the withholding must begin pursuant to the issuing State's law.
18. N/A
19. Number of working days within which an employer or other payor of income must remit amounts withheld pursuant to the issuing State's law.
20. Maximum percentage that can be withheld based on the applicable withholding limit of the issuing State. If the Federal Consumer Credit Protection Act laws of the issuing State allows the additional arrearage payment of 5 percentage points to the percentage normally specified in #20 (i.e., 65% instead of 60% or 55% instead of 50% if the obligor supports a second family), use this increased percentage in #20 and check #14 on the *Order/Notice* to indicate the support is 12 weeks or more in arrears.
21. The State in which this *Order/Notice* is issued.
- 22a. The agency's number for representative to provide EFT/EDI instructions. Contact the court/agency before the first EFT/EDI submission.
- 22b. Complete only for EFT/EDI transmission. Federal Information Process Standard (FIPS) code for transmitting payments through EFT/EDI. The FIPS code is five characters that identify the State and county. It is seven characters when it identifies the State, county, and a location within the county. It is necessary for centralized collections.
- 22c. Complete only for EFT/EDI transmission. Receiving agency's bank routing number.
- 22d. Complete only for EFT/EDI transmission. Receiving agency's bank account number.
23. Name of the collection unit (State Disbursement Unit), person, or tribunal/court specified in the underlying income withholding order to which payments are required to be sent. This form may not indicate a location other than that specified by an entity authorized under State law to issue an income withholding order. Please include the case identifier used to record payment (may be the same as 3c).
24. Street address, city, and state of the collection unit, person, or tribunal/court identified in #22. This information is shared with the obligor. If you have a confidential address, please contact your IV-D agency.
- 25a. Signature of official(s) authorizing the *Order/Notice*. This line may be optional only if the *Order/Notice* includes the name and title of an official of the State or local IV-D agency on line 24, and a signature of the official is not required by State law.
- 25b. Date of signature.
26. Print name and title of the official(s) State of local IV-D agency authorizing this *Order/ Notice*.
27. N/A
28. N/A
29. N/A
30. N/A
31. Name and address of the State of local IV-D agency, tribunal/court, individual, or private agency submitting the income withholding.

**Instructions to complete the Order/ Notice to Withhold Income for Child Support - continued**

- 32a. Name of the child support enforcement agency' s contact person or party whom an employer and/or employee/obligor may call for information regarding the *Order/Notice*.
- 32b. Telephone number of the contact person who an employer may call for information regarding the *Order/Notice*.
- 32c. Facsimile number for the person who appears in #32a.
- 32d. Internet address for the person whose name appears in #32a.

If the employer is a Federal Government agency, the following instructions apply.

- Serve the *Order/Notice* upon the governmental agent listed in 5 CFR part 581, appendix A
- Sufficient identifying information must be provided in order for the obligor to be identified. It is, therefore, recommended that the following information, if known and if applicable, be provided: (1) full name of the obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or civil service retirement claim number; (4) component of the government entity for which the obligor works, and the official duty station or worksite; and (5) status of the obligor, e.g., employee, former employee, or annuitant .
- You may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list see 5 CFR 581.103.

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The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303. 7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.